

**CUSTOMER INFORMATION**

<b>NAME OF ASSURED</b>	<input type="text"/>	<b>DATE OF BIRTH</b>	<input type="text"/>		
<b>HOME ADDRESS</b>	<input type="text"/>	<b>AGE</b>	<input type="text"/>	<b>GENDER</b>	<input type="text"/>
<b>MAILING ADDRESS</b>	<input type="text"/>	<b>NATIONALITY</b>	<input type="text"/>		
<b>CONTACT DETAILS</b>		<b>OCCUPATION/ DESIGNATION</b>	<input type="text"/>		
<b>LANDLINE</b>	<input type="text"/>	<b>CIVIL STATUS</b>	<input type="text"/>		
<b>MOBILE</b>	<input type="text"/>	<b>TIN NUMBER</b>	<input type="text"/>		
<b>EMAIL ADDRESS</b>	<input type="text"/>	<b>BENEFICIARY(IES)</b>			
<b>NAME OF AIRLINE</b>	<input type="text"/>	<b>NAME and RELATIONSHIP</b>	<input type="text"/>		
<b>PURPOSE OF TRAVEL</b>	<input type="text"/>		<input type="text"/>		
<b>ITINERARY</b>			<input type="text"/>		
<b>FROM</b>	<input type="text"/>		<input type="text"/>		
<b>TO</b>	<input type="text"/>		<input type="text"/>		
<b>TRAVEL PERIOD</b>			<input type="text"/>		
<b>FROM</b>	<input type="text"/>		<input type="text"/>		
<b>TO</b>	<input type="text"/>		<input type="text"/>		

**CHOOSE YOUR PLAN**Plan A  Plan B  Plan C  Plan D  Plan E  Plan F  Plan G **Declaration**

I hereby apply for a personal accident insurance and declare and warrant that the statements and answers are full, complete and true and that I have not withheld or concealed any information affecting this proposed insurance. I agree that this proposal and declaration shall be the basis of any policy to be issued to me by the Company and that any concealment or material misrepresentation shall render this policy null and void.

Note: The security of your personal information is our topmost priority. Rest assured, the company will protect all your shared information in accordance with the Data Privacy Act of 2012 and other applicable laws.

**Printed name and  
signature****Important Numbers****Mercantile Insurance Head Office**

General Luna St. corner  
Beaterio St., Intramuros, Manila, Philippines  
(632) 8527-7701 to 20 | [online@mici.com.ph](mailto:online@mici.com.ph)

**Cashless Settlements Benefits**

The Assist America (company's service provider) will settle Travel Inconvenience Benefits expenses. If the Policyholder require medical Assistance and are traveling 150 kilometers from your permanent residence, or in another country, call Assist America's Operations Center at (800) 304-4585, (609) 921-0868 or email at [aapi@assistamerica.com](mailto:aapi@assistamerica.com).